

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA.		5	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. 1-9		Registered No. 5	
or				(For use of Local Registrar)	
City of Abbeville		(No. 130 Mill Hill)		St.; 3 Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child. <u>Suey Herring</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>0</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 18</u> 19 <u>15</u>	
To be answered only in case of Twins or Triplets.					
FATHER.			MOTHER.		
(8) FULL NAME <u>Ira Herring</u>			(14) NAME BEFORE MARRIAGE <u>Janice Helms</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville SC</u>		
(10) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>37</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(18) BIRTHPLACE <u>Ga</u>		
(12) BIRTHPLACE <u>Ga</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
(20) Number of children born to mother, including present birth <u>9</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11 P</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or midwife (25) Address of Physician or Midwife <u>Abbeville SC</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 19</u> 191 <u>5</u> (28) <u>J. H. Perrin</u> Local Registrar					
Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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